

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213562022								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Reverse Mortgage Solutions, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: REGISTERED AGENT SOLUTIONS, INC. 7288 HANOVER GREEN DR MECHANICSVILLE, VA 23111</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2013</p> <p>SCC ID NO: F1785296</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMV</td> <td>20,500,000</td> </tr> <tr> <td>COMNV</td> <td>2,500,000</td> </tr> <tr> <td>PREF A</td> <td>9,615,385</td> </tr> </tbody> </table> </div> </div>			CLASS	AUTHORIZED	COMV	20,500,000	COMNV	2,500,000	PREF A	9,615,385
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2727 SPRING CREEK DRIVE</p> <p style="text-align: center;">CITY/ST/ZIP: SPRING, TX 77373</p>										
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: H MARC HELM TITLE: PRESIDENT ADDRESS: 5207 WESTERHAM PLACE CITY/ST/ZIP/CO: HOUSTON, TX 77069 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: H MARC HELM TITLE: PRESIDENT ADDRESS: 5207 WESTERHAM PLACE CITY/ST/ZIP/CO: HOUSTON, TX 77069	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR					
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA JETT SVP 2727 SPRING CREEK DRIVE SPRING, TX 77373	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLY JOHNSON SVP 650 MILL CREEK RD HIRAM, GA 30141	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL KENT EVP 17775 NAVAHO TRAIL LOS GATOS, CA 95033	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES ALAN PAYLOR EVP 2727 SPRING CREEK DRIVE SPRING, TX 77373	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH ROSYNEK SVP 14009 FRANCIS OUIMET MIDLOTHIAN, IL 60445	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES WRIGHT EVP 2541 ABBOTT OAKS DRIVE KERNERSVILLE, NC 27284	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT YEARY DIRECTOR 2727 SPRING CREEK DRIVE SPRING, TX 77373	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ MICHAEL CLENDENNEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL CLENDENNEN, EVP CFO PRINTED NAME AND CORPORATE TITLE	3/19/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		